

Grove Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grove Medical Centre on 11 October 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and the practice had systems in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not robust enough to ensure patients were kept safe. For example, patient safety alerts were logged and shared however data searches were not completed to identify patients at risk.
- There was scope to improve how carers were identified.
- There was potential for the practice to proactively support and encourage more patients with a learning disability to attend an annual health review.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they did not find it easy to make an appointment in advance with their preferred GP however urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Comply with relevant Patient Safety Alerts issued from the Medicines and Healthcare products Regulatory Agency and through the Central Alerting System.

The areas where the provider should make improvement are:

- Develop a system to proactively identify carers.
- Ensure annual reviews are completed for patients on the learning disability register.
- Improve access for routine appointments for patients.
- Ensure lessons learned from significant events are communicated widely throughout the practice.
- Proactively monitor required improvements to deliver better outcome for patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns and to report incidents and near misses. When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. However lessons learned were not communicated widely throughout the practice.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not robust enough to ensure patients were kept safe. For example, patient safety alerts were logged and shared however data searches were not completed to ensure that medicines that were subject to safety alerts continued to be adequately monitored.
- The practice had adequate arrangements in place to respond to emergencies and major incidents.
- The practice had systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example children and young people who had a high number of A&E attendances.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2014/2015 showed that the total points awarded for patient outcomes was 83%, which was below the clinical commissioning group (CCG) and England average by 12%. However, the practice had seen a large turnover of both GPs and nursing staff and a building move within the QOF year. The practice had started a new recall system this year which recalled patients within their birthday month as a reminder to patients when their reviews were due. This was to ensure an improved attendance rate. Despite this, the unverified data of the QOF results for the 2015/2016 year supplied by the practice showed a similar score at 85% and therefore did not show a positive progression from the previous results.
- Clinical audits demonstrated quality improvement.

Requires improvement



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had signs on the consultation room doors which stated that patients could discuss one condition per appointment and patient feedback showed that patients felt unhappy with this system. The practice explained that during the telephone triage process, patients were asked what their medical complaint was and if necessary a double appointment could be offered.
- We saw details of a Carers day that the practice and PPG were planning in the coming months. However the practice had identified 65 patients as carers (only 0.5% of the practice list), therefore there was scope to improve the identification of patients who were caring for others.
- The practice and their Patient Participation Group (PPG) held a dementia awareness day where 12 organisations attended. For example, The Alzheimer's Society, The Citizen Advice Bureau, Sue Ryder charity and Suffolk Family Carers charity.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.

Good



Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice housed many additional resources for patients to access, for example The East Coast Physio and Acupuncture clinic and the Hearing Care Centre.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff, the PPG and other stakeholders.
- Some patients who completed the Care Quality Commission comment cards and those we spoke with told us they did not find it easy to make an appointment with a named GP in advance, however urgent appointments were available the same day. The national GP patient survey results were published on 7 July 2016 and showed that 21% of patients who responded said they usually get to see or speak to their preferred GP compared to the CCG and national average of 59%.

Are services well-led?

The practice is rated as good for being well-led.

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was scope to improve the overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- A comprehensive understanding of the performance of the practice was not maintained. QOF figures were below average and we did not see a significant improvement from the unverified 2015/2016 figures or a plan to address the gaps. There was scope to improve how carers were identified and there was potential for the practice to proactively support and encourage more patients with a learning disability to attend an annual health review.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider was rated as requires improvement for safe, effective and caring. The issues identified as requiring improvement overall affected all patients including this population group. Nevertheless we note some areas of good practice below.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had 14 patients on their palliative care register and the practice worked closely with the multi-disciplinary team, out-of-hours and the nursing team to ensure proactive palliative care planning.
- The practice looked after patients living in local care homes. Nurse practitioners made a weekly call to each care home and GPs and nurse practitioners undertook regular visits as and when required.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were generally below the local and national averages. For example, rheumatoid arthritis, hypertension and dementia.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, effective and caring. The issues identified as requiring improvement overall affected all patients including this population group. Nevertheless we note some areas of good practice below.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that performance for diabetes related indicators was 68%, which was 22% below the CCG average and 21% below the England average. These indicators had a 5% exception reporting rate which was better than the CCG average of 9% and the England average of 11% (exception reporting is the removal of patients from QOF calculations where, for example, the

Requires improvement



Summary of findings

patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Performance for asthma related indicators was 47%, which was 47% below the CCG average and 50% below the England average. These indicators had a 2% exception reporting rate which was better than the CCG and England average of 7%. Unverified data of the QOF results for the 2015/2016 year showed the practice scored a similar result and therefore could not show a positive progression from the previous results.

- Longer appointments and home visits were available when needed.
- Patients had a named GP, for those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. School nurses ran clinics from the practice regularly.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 77%, which was above the CCG average of 75% and England averages of 74%. The practice exception reporting rate for this clinical domain was 5% which was the same as the CCG average of 5% and better than the England average of 6%.
- The practice website included a depression questionnaire to help patients identify stress and depression.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, effective and caring. The issues identified as requiring improvement overall affected all patients including this population group. Nevertheless we note some areas of good practice below.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had 71 patients on the learning disabilities register. The practice had completed reviews on 15 of the 71 patients since October 2015 to October 2016. The practice had started a new recall system this year which invited patients for reviews within their birthday month.
- The practice offered longer appointments for patients with a learning disability.
- The practice had identified 65 patients as carers (0.5% of the practice list) therefore there was scope to improve how these patients were identified.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and during out-of-hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe, effective and caring. The issues identified as requiring improvement overall affected all patients including this population group. Nevertheless we note some areas of good practice below.

Requires improvement



Summary of findings

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was the same as the CCG and the national average, with a 6% exception reporting rate which was better than the CCG average by 2% and the England average by 3%.
- The practice carried out advance care planning for patients with dementia.
- Performance for mental health related indicators was 70%, which was 22% below the CCG average and 23% below the England average, with a 11% exception reporting rate which was better than the CCG average of 12% and the same as the England average of 11%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was generally performing in line with local and national averages with the exception of getting an appointment with a preferred GP. 227 survey forms were distributed and 135 were returned. This represented a 60% response rate.

- 21% of patients with a preferred GP usually got to see or speak to that GP compared to the CCG and national average of 59%.
- 67% of patients found it easy to get through to this practice by phone compared to the CCG average of 80% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.

- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards, all 20 cards were positive about the standard of care received. However two cards had negative comments relating to appointments, one card detailed an issue with gaining an appointment rather than a telephone consultation and another card stated consultations were limited to one condition per appointment. We spoke with five patients during the inspection. All five patients said they were satisfied with the clinical care they received and thought staff were approachable, committed and caring. Three of the patients also said that obtaining an appointment in advance could be an issue and two stated that they were unhappy with the one condition per appointment policy.

Areas for improvement

Action the service **MUST** take to improve

- Comply with relevant Patient Safety Alerts issued from the Medicines and Healthcare products Regulatory Agency and through the Central Alerting System.

Action the service **SHOULD** take to improve

- Develop a system to proactively identify carers.

- Ensure annual reviews are completed for patients on the learning disability register.
- Improve access for routine appointments for patients.
- Ensure lessons learned from significant events are communicated widely throughout the practice.
- Proactively monitor required improvements to deliver better outcome for patients.

Grove Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice manager specialist advisor and a nurse specialist advisor.

Background to Grove Medical Centre

Grove Medical Centre is situated in Felixstowe, Suffolk. The practice provides services for approximately 14300 patients in a new building with 26 consulting rooms. It holds a Personal Medical Services contract. The practice has three male GP partners and two male and two female salaried GPs. The team also includes three female nurse practitioners, six female practice nurses, three female health care assistants and three female phlebotomists. They also employ a practice manager, an IT manager, a head receptionist and a team of reception, secretarial and administration staff. The practice is a training practice for GP registrars.

The practice is open between 8am and 8pm Monday to Friday. During out-of-hours GP services are provided by Care UK via the 111 service.

We reviewed the most recent data available to us from Public Health England which showed that the practice had a lower than average practice population aged between 0-49 and a higher than average practice population between 50- 85+ compared with the national England average. The deprivation score was lower than the average across England.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 October 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the practice manager, reception and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

Detailed findings

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Patient safety alerts were logged and shared, however data searches were not completed to ensure that medicines that were subject to safety alerts continued to be adequately monitored.

There was an effective system in place for reporting and recording significant events.

Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events, however lessons learned were not communicated widely throughout the practice. For example, only the people involved in the significant event attended the meeting to discuss it and we saw no evidence of this then shared further.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and

staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). A log of refrigerator temperatures for vaccines was kept once daily and we saw evidence of cold chain being adhered to, however, the internal temperature data log was currently downloaded monthly. The practice wrote a new protocol and sent it to us which showed that the log would be downloaded at the start of every week to ensure that the cold chain was intact over the weekends. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient

Are services safe?

specific prescription or direction from a prescriber. Three of the nurses had qualified as nurse practitioners and could therefore prescribe medicines for specific clinical conditions. They received support from the medical staff for this extended role and the practice held debriefing sessions at the end of each day for clinical staff to discuss any concerns. The nurse practitioners attended monthly CCG educational events and had access to various training and seminars. The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. The practice had arrangements in place for the destruction of controlled drugs.

- A notice in the waiting room advised patients that chaperones were available if required. All non-clinical staff who acted as chaperones were trained for the role. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We saw evidence of correspondence from the practice to a local hospital pharmacy team and the local hospice which highlighted that palliative care patients were being discharged from hospital without the appropriate end of life medications required or the forms to authorise the nursing teams to give the medication. The hospital team had agreed to investigate and amend their protocols. The actions by the practice were beneficial to the delivery of care for end of life patients in the area served by the hospital.

Monitoring risks to patients

Risks to patients were assessed.

- There was a health and safety policy available which identified local health and safety representatives. The

practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received up to date basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 461 out of 559 which was 83% of the total number of points available, which was below the CCG and England average by 12%. The practice had an exception reporting rate of 6% which was better than the CCG average by 2% and the England average by 3% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects)

Data from 2014/15 showed that the practice was generally below the CCG and England averages:

- Performance for asthma related indicators was 47%, which was 47% below the CCG average and 50% below the England average with a 2% exception reporting rate which was better than the CCG and England average of 7%.
- Performance for mental health related indicators was 70%, which was 22% below the CCG average and 23% below the England average with a 11% exception reporting rate which was better than the CCG average of 12% and the same as the England average of 11%.

- Performance for chronic kidney disease related indicators was 60%, which was 33% below the CCG average and 35% below the England average with a 4% exception reporting rate which was better than the CCG and England average of 7%.
- Performance for diabetes related indicators was 68%, which was 22% below the CCG average and 21% below the England average with a 5% exception reporting rate which was better than the CCG average of 9% and the England average of 11%.

The practice had started a recall system this year which recalled patients within their birthday month. It was used as a reminder to patients when their reviews were due to ensure an improved attendance rate. The practice had identified additional resources from the commercial sector, resulting in additional nurses to support the care of patients with long term conditions. However the practice had seen a large turnover of staff in the previous three years due to retirement including GPs, the practice manager, the management assistant and some nursing staff had left and additionally the practice had a building move within the QOF year. In September 2016 the practice became fully staffed. The practice supplied unverified data of the QOF results for the 2015/2016 year and scored a similar result at 85% and therefore could not show a positive progression from the previous results.

There was evidence of quality improvement including clinical audit.

- We looked at two clinical audits completed in the last two years which were both completed audits where the improvements made were implemented and monitored. For example, an audit of patients who had been prescribed co-amoxiclav (an antibiotic medicine) within the month of March 2016 showed that 7.5% of patients who had taken antibiotics were prescribed co-amoxiclav. The audit was repeated in June 2016 which showed a reduced figure of 4% which was better than the aimed prescribing rate set out in guidelines of 6%.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- High risk medications were monitored regularly by doing a search on the clinical computer system. The practice described and showed us how their recall system worked for various drug monitoring. The recall system in place was robust and the practice regularly

Are services effective?

(for example, treatment is effective)

checked that patients had been in for their blood tests and monitoring. There were 42 patients on methotrexate (a medicine for rheumatic patients) and 41 patients had received the required blood monitoring by the practice. The practice was aware of the remaining patient and steps had been taken to ensure the monitoring was completed. The practice actively encouraged patients to attend for their blood tests.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nursing staff had completed their various updates including immunisations, cervical screening etc.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to, and made use of, e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients requiring advice on their diet, smoking and alcohol cessation.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, end of life care. The practice had 14 patients on their palliative care register and they worked closely with the multi-disciplinary team, out-of-hours service and the nursing team to ensure proactive end of life planning.
- The practice's uptake for the cervical screening programme was 77%, which was above the CCG average of 75% and England averages of 74%. The practice exception reporting rate for the clinical domain was 5%,

Are services effective?

(for example, treatment is effective)

which was the same as the CCG average of 5% and better than the England average of 6%. There was a policy to offer three reminder letters and telephone reminders for patients who did not attend their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 65% of patients aged 60-69 were screened for bowel cancer in the last 30 months, which was in line with the CCG average of 63% and the England average of 58%. 82% of females aged 50-70 were screened for breast cancer in the last 36 months, which was in line with the CCG average of 80% and England average of 72%.

- Childhood immunisation rates for the vaccinations given were generally comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 63% to 97%, which was below the CCG average of 69% to 97% and five year olds from 73% to 98% which was above the CCG average of 71% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice was in discussion with the PPG regarding music to play into the waiting area to aid privacy for patients speaking with the reception staff.

From the 20 Care Quality Commission comment cards we received, all 20 were positive about the standard of care and felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. However two cards contained some negative comments included. One card detailed an issue with gaining an appointment not a telephone consultation and another card stated consultations were limited to one condition per appointment. We spoke with five patients on the day of the inspection and three patients echoed the same views.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 96% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 92% of patients said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 96% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG and national average of 97%.
- 91% of patients said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 93% and the national average of 92%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them. However patients we spoke with commented that they were unhappy with the one medical condition per consultation policy that the practice had. Patient feedback from the comment cards we received aligned with these views.

Results from the national GP patient survey showed patients responded in line with others to questions about their involvement in planning and making decisions about their care and treatment. Results were generally compared with local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.

Are services caring?

- 90% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG and national average of 90%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients to be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We did not see notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- A chaperone service was offered to patients and clearly advertised in the waiting area and in the clinical rooms.
- Patient care plans were personalised.

Patient and carer support to cope emotionally with care and treatment

The practice had identified 65 patients as carers (only 0.5% of the practice list) therefore there was scope to improve the identification of these patients. A form was given to patients during registration to state whether they were a carer or cared for. Written information was available to direct carers to the various avenues of support available to them. The practice website contained information on the Carers Direct service with relevant contact details. The

practice had recently identified some positive steps to encourage patients to be identified as carers, which included placing a message on all repeat prescriptions and updating the publicity on the waiting area monitor screens and other notices in the reception however these had not been implemented at the time of the inspection. The practice and the PPG gave details of a carers event planned which would take place early 2017 after the success of the dementia awareness day which was held in May 2016. Twelve organisations attended the event. For example; The Alzheimer's Society, The Citizen Advice Bureau, Sue Ryder charity and Suffolk Family Carers charity. Posters were placed in the practice and other local practices, hospitals, churches and local shops to promote the event.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. There was some information leaflets available in different languages. Information about support groups was also available on the practice website which had a translation option available.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call offered a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments from 8am until 8pm for patients who could not attend during normal opening hours. The practice was part of the GP+ system where appointments could be booked evenings and weekends at dedicated sites.
- Telephone appointments were available for patients if required. The practice used a telephone triage system to book patients in for appointments. The practice explained that they felt this gave the patient two opportunities to speak with a GP, both over the telephone and at a face to face appointment when required. The practice had two duty GPs available daily for telephone triage and appointment management.
- The practice used a text message appointment reminder service for those patients who had given their mobile telephone numbers.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The nurse practitioners call the care homes weekly for updates on patients.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice website included information on signs of depression and a depression questionnaire.
- The practice had in house phlebotomy appointments with the health care assistants and the phlebotomists.
- The practice held additional flu clinics on Saturday mornings.
- Social worker and school nurse appointments were available within the practice and the health visitors were based at the practice. The practice had a close relationship with the local district nurses.

- The practice housed an NHS diagnostic ultrasound service.
- The East Coast Physio and Acupuncture clinic was located in the practice. The clinic offered assessments and treatments for musculo-skeletal problems, physical rehabilitation and restoration of function. The clinic aided conditions including spinal, orthopaedic and sports injuries or rheumatic conditions. The practice housed the Hearing Care Centre who offer services including earwax removal, custom made ear protection, hearing aid repairs, batteries, accessories and tinnitus management. The Hearing Care Centre operate from 18 centres across Suffolk and Norfolk, including Grove Medical Centre.

Access to the service

The practice was open between 8am and 8pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, however for nurses only, urgent appointments were also available with a GP for people that needed them. The practice explained this was to allow extra access to patients in need of immediate GP attention. GPs could book patients in for follow up appointments in advance when needed. The practice offered online appointment booking, prescription ordering and access to the patient's own medical record.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally in line with the local and national averages with the exceptions of speaking to the preferred GP and access via telephone.

- 67% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.
- 21% of patients with a preferred GP usually got to see or speak to that GP compared to the CCG and national average of 59%.
- 72% of patients said their experience of making an appointment was good compared to the CCG average of 78% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 85%.
- 92% of patients said the last appointment they got was convenient compared to the CCG average of 94% and the national average of 92%.

Are services responsive to people's needs?

(for example, to feedback?)

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 80% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 69% and the national average of 65%.

Some patients who completed the Care Quality Commission comment cards and those we spoke with told us they did not find it easy to make an appointment in advance with a named GP however, urgent appointments were available the same day. All patients we spoke with told us that they did not have an issue with getting through by telephone to the practice. The practice had notices on the consultation doors which stated that patients should consult with the GP regarding one condition per appointment. Patients we spoke with were unhappy with this and one of the comment cards shared the same views. The practice explained that during the telephone triage process, patients were asked what their medical complaint was and if necessary a double appointment could be offered.

The practice had a system in place to assess:

- whether a home visit was clinically necessary and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, a poster in the waiting room, information in the practice leaflet and on the practice website.
- We looked at all of the complaints received this year and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from an analysis of trends. Actions were taken as a result to improve the quality of care. The practice showed us a complaints front sheet that was drafted during the inspection which ensured that all the information regarding the complaint could be easily followed through for auditing and would be implemented immediately. The number of complaints had reduced significantly over the last 12 months. The practice met with the PPG to discuss trends of complaints.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was on the practice website and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

There was scope to improve the overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was not maintained. QOF figures were below average and we did not see a significant improvement from the unverified 2015/2016 figures or a plan to address the gaps. There was scope to improve how carers were identified and there was potential for the practice to proactively support and encourage more patients with a learning disability to attend an annual health review.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of patient safety alerts. Patient safety alerts were logged and shared however data searches were not completed to identify patients at risk.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (the duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment;

- The practice gave affected people reasonable support and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met three monthly and carried out patient surveys and submitted proposals for improvements to the practice management team. For example, The PPG had suggested access to a prescription drop off letterbox from outside the main entrance of the practice for when the practice was closed to help with access issues for some patients and after discussions the practice facilitated it. The PPG suggested the use of posters to advertise and encourage the use of the blood pressure machine in the waiting room and a guide of how to use

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

it. The PPG were surveying patients to gather opinion on the music that could be played in the waiting area to aid more privacy for patients speaking with the reception staff.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- Feedback from two new salaried GPs stated that they felt supported and mentored by the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a training practice for GP registrars. The practice team

were part of local pilot schemes to improve outcomes for patients in the area. The practice had taken the lead in a CCG scheme to set up an alignment for care homes to specific local practices. The practice had seen substantial changes in the partnership, four established GP partners, one salaried GP and the long standing practice manager had left the practice within the last two years and the practice had recognised that a period of transformation was required. Three new salaried GPs had been recruited and a new practice manager and new processes were implemented. The practice had seen a significant reduction in complaints over the past 12 months and met with the PPG regarding any trends. The practice learned from patient feedback liaising with the PPG regularly and by using patient surveys to drive future improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The systems and processes to address risk were not robust enough to ensure patients were kept safe.</p> <ul style="list-style-type: none">• Comply with relevant Patient Safety Alerts issued from the Medicines and Healthcare products Regulatory Agency and through the Central Alerting System. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>